

RIDA

JOURNAL OF THE
RHODE ISLAND
DENTAL ASSOCIATION

Celebrating 140 Years

1878-2018

PAIN MANAGEMENT REGULATIONS UPDATED

Diagnosis Code Required for Prescriptions

COMPONENT SOCIETY TASK FORCE

Town Hall Meeting Results



Dental Lifeline Network • Rhode Island Highlights

Together, we are changing - and saving - lives through our Donated Dental Services (DDS) program. To read the full patient story and see more highlights in the State Annual Report, visit <http://dentallifeline.org/RI-SAR>



Dr. Paul F. Calitri with DDS patient Chris.

“DDS has been a rewarding experience for my staff as well as myself. We’ve been a provider for about 15 years now and have met some wonderful people. Patients that I have seen have been extremely appreciative of the services that they have received from our office.”

—Dr. Paul F. Calitri, DLN • RI Board Member and DDS Volunteer

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Patient Treatment (FY 2017-2018)



134
 Patients Served



128
 Patients on Wait List



197
 Volunteer Dentists



45
 Volunteer Labs

Since Rhode Island Program Inception (1989)



Total Patients Treated
 2,976



Total Value of Care to Patients Treated
 \$6,502,309

Financial

Sponsors and Funders:

Rhode Island Dental Association and its Members and Components
 Amica Companies Foundation
 Delta Dental of Rhode Island Fund at the Rhode Island Foundation
 June Rockwell Levy Foundation
 Foundation of the Pierre Fauchard Academy



Value of Care to Patients Treated
 \$374,022



Average Value of Treatment/Case
 \$4,665¹



Value of Donated Lab Services
 \$29,016²

¹ Average value is based on patients that have completed comprehensive treatment; does not include active patients, or patients who continue to receive ongoing care from their DDS volunteer.
² Value also included in Value of Care to Patients Treated.

Volunteer Today!

Visit www.WillYouSeeONE.org or contact the DDS coordinator at **401.821.8656** to find out how!



Dental Lifeline Network • Rhode Island
 More than Dentistry. Life.®

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*Interested in contributing to the
Journal? Contact us TODAY! The
next deadline is January 1, 2019*

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For information regarding advertising, email: info@ridental.org or visit www.ridental.org/news-classifieds/RIDA-Journal

FROM THE PRESIDENT

By Jennifer Torbett, DMD;

Rhode Island Dental Association President 2018-2019

I can't believe I am already four months into my presidency. The summer was busy but productive. I was fortunate enough to attend the ADA membership conference. The emotional pain associated with the opioid crisis was addressed. This was a profound presentation by Austin Eubanks who survived the Columbine Massacre. Another aspect of the conference discussed member behaviors and trends affecting membership which offers great insight into member engagement. This conference opened my eyes on ways we can make the Association better for our members.

In August, the RIDA hosted a new dentist event at the East Greenwich Yacht Club. We had an impressive turnout. This event provided a forum where new dentists were able to establish connections and interact with members of our Board of Trustees and our liaison at ADA.

In early September, Chris and I attended a vendor fair at the University of New England College of Dental Medicine. During the event, I had the opportunity not only to discuss the practice of dentistry in our state but also in general. This was such a rewarding experience for me. I have also been mentoring a student who is in the dental school interview process.

All these interactions have brought me to the realization that we are missing the personal outreach. If it were not for Dr. Tony DiMaio asking me to attend a South County dental



meeting and reminding me of the importance of the ADA, RIDA and local membership, I may not have been such an active member of the Association today. I truly believe that this is the best means of moving the Association forward with member participation, volunteerism, and leadership. Despite what we may hear about the younger generations and their love of technology, from my experience over the past few years, these young dentists want a personal connection and someone willing to offer support or mentorship.

These new dentists also have great ideas when asked. Rhode Island is unique in that we have three plus generations of practicing dentists. Each generation has its own unique desires and needs but the underlying current seems to be personalization. We are utilizing this information to make the RIDA more user friendly for all. Please do not be afraid to reach out by snail mail, email, or Instagram to offer any ideas. This is your Association and we need you to succeed and prosper.

ADA Releases Clinical Practice Guideline On Nonrestorative Treatments For Caries

The ADA News (9/24) reports the October issue of The Journal of the American Dental Association publishes a clinical practice guideline, two years in the works, that represents the “first in a series of guidelines on caries management.” The article reports that “Evidence-based Clinical Practice Guideline on Nonrestorative Treatments for Carious Lesions” presents “11 clinical recommendations, each specific to lesion type, tooth surface and dentition.” An expert panel convened by the ADA Council on Scientific Affairs and the Center for Evidence-Based Dentistry conducted a systematic review to formulate the recommendations, which are available at [ADA.org/Caries](https://ada.org/Caries) and include “the use of 38 percent silver diamine fluoride, sealants, resin infiltration, 5 percent sodium fluoride varnish, 1.23 percent acidulated phosphate fluoride gel and 5,000 parts per million fluoride toothpaste or gel, among others.”

For more information about the ADA Center for Evidence-Based Dentistry, visit EBD.ADA.org.

COMPONENT SOCIETY TASK FORCE TOWN HALL MEETING RESULTS

As stated in our email dated September 16, 2018, a town hall style meeting was held on September 25th to provide an opportunity for members to hear firsthand the results of the recent component society task force meetings and to have the ability to provide feedback, ask questions, and offer suggestions. This in fact did occur.

The following is a summation of that meeting. Meeting chairs were Drs. Jennifer Torbett, Martin Elson, and Karyn Ward.

The meeting began with Dr. Torbett providing the reasons the task force was created and its conclusions regarding the issues it was presented with. Those issues discussed are as follows:

a. Compliance

All RI component societies are considered affiliates of the RIDA. As such, there are certain legal requirements they must meet. Failing to meet those requirements exposes the components and the RIDA to legal liability. The requirements include:

- Having articles of incorporation
- Maintaining bylaws
- Holding (at least) annual meetings with official minutes
- Maintaining an executive board
- Annual filings of IRS Forms 990
- Annual recertification of non-profit status with the RI Secretary of State

b. Lack of Volunteers

Over time, it has become more and more difficult to recruit component officers/board members. This is not something that's unique to Rhode Island. It's common throughout the nonprofit community. The reasons vary greatly and for the most part, are beyond our control. Consequently, what's often happened is that when an individual does accept a board position, they in many cases end up in it for much longer than they ever intended—often to the point of burnout.

Proposal

The proposed solution derived at by the task force which was presented at the town hall meeting is as follows:

1. Reduce the number of components to three by combining:

- Newport, and South Counties
- Pawtucket, Woonsocket, and Providence
- Kent and Cranston

2. Have each component meet at least once per year which the RIDA will facilitate. Each component is able to meet more than once, as a large entity or the smaller entities

3. Move compliance related management to the RIDA:

- Tax filings
- Nonprofit status renewal
- Continuing education
- Funds management

4. Eliminate the current formula for setting the number of delegates for each component and set at four delegates per, making the quorum requirement for our House of Delegates easier to achieve.

It was explained that the task force feels that these combined actions will increase the pool of possible volunteers from each component, remove administrative burdens, and eliminate much of the legal exposure that currently exists.

Summary

These actions cannot take place without the approval of the House of Delegates. The defined process for accomplishing this requires presentation of the plan at the November meeting, followed by a formal vote at the May meeting. This proposal was discussed and voted upon at the May 2018 House of Delegates meeting.

If anyone has questions or concerns, please feel free to email me at: jennifallon@yahoo.com.

Respectfully yours,
Jennifer A. Torbett, DMD

Jennifer Torbett, DMD

RIDA RECAP AND WHAT'S AHEAD

By Chris Klimecko;

Rhode Island Dental Association Executive Director

As we wind down yet another year here at the RIDA office; its 140th by the way, I wanted to pass along a summary of what's been happening over the last approximately 12-month period and provide a brief overview of what we've got planned for 2019.

RIDA Dental Journal

Mid-2017, we decided to once again publish a journal. That initiative became the *Journal of the Rhode Island Dental Association*. Now creating any type of publication can be a daunting task, especially when you're striving for four issues per year. At the top of the "daunting" items list is the collection of articles. It's always a challenge to obtain them. So far, we've done alright, but we could always use more. So please consider writing an article relevant to our periodical. Even if it's past the current deadline, we can put it aside for a future issue. Submission must be submitted in MS Word format.

In addition to sourcing articles, there are two other areas of difficulty. The first is the work involved in formatting, which is very time consuming. And I have to say here that our office coordinator, Madeline Benner (formerly Frank), does a wonderful job putting it all together. The look and flow of the Journal is exceptional. Major area of difficulty number two is that of obtaining advertisers. Journals are not cheap to produce. Therefore, many organizations that publish them try to offset the cost with advertising. As time's gone on, we've been doing better in this area. That said, if you have a vendor that you've worked with for some time and think they would consider advertising, please invite them to give us a call.

Children's Dental Health Month

In February, we joined forces with several oral health organizations in Rhode Island and hosted a Children's Dental Health Month (CDHM) event at the Warwick Mall. Given its success, we are now planning on continuing with this event each February. In addition to the CDHM event, we've staffed a RIDA table at the PawSox Oral Health Night both last year and this year and hosted a back-to-school oral health booth in August at the Warwick Mall.



Directory

By now you all should have the latest RIDA Member Directory. The plan is to continue providing an updated directory each year after the May change in officers.

Children's Holiday Party

Last December we hosted a children's holiday party. Santa, who made a brief appearance, suggested we make it an annual event. Who are we to argue with Santa? This year's party will take place on December 8th at 10:00 AM at the Cornerstone of Faith United Methodist Church hall. Festivities will end between 11:30 and noon.

New Dentists

Our second annual new dentist social took place in August. Once again, we held the event at the East Greenwich Yacht Club. And as was the case last year, the weather fully cooperated, and we were able to gather outside and enjoy the beautiful scenery on the water. The event was well attended by both new dentists and residents.



The New Year

2019 will be busy. In addition to our CE schedule, there's the Yankee Dental Congress in January, the New England Dental Leadership Conference in the spring, the ADA Dentist and Student Lobby Day in April, and if all works out, we'll host a member picnic over the summer and another new dentist event in the summer. And throughout the year, we'll continue to watch for new rules and regulations that come along.

Member Input

If you have ideas for events, programs, or initiatives you would like to share with us, please contact us at the RIDA office. We'd love to hear from you. And if you know of any non-members that are interested in becoming members of the tripartite, please let us know. We're always looking for new members.

CONTINUING EDUCATION

ALL COURSES WILL TAKE PLACE AT THE
QUIDNESSETT COUNTRY CLUB -
950 NORTH QUIDNESSETT RD.,
NORTH KINGSTOWN, RI

LUNCH IS INCLUDED WITH FULL DAY COURSES

FEBRUARY 13, 2019

9:00AM - 4:00PM | 6 CEUS

MICHAEL GLICK, DMD

AM: "TREATMENT OF THE MEDICALLY COMPLEX PATIENT"

PM: "EVIDENCE-BASED DENTISTRY"

Treatment of the Medically Complex Dental Patient Dentists play an important role as primary healthcare professionals. They need to screen and monitor patients for underlying medical conditions and are required to render dental care to an array of medically complex patients. Pertinent medical assessment of patients has become an essential part of dentistry, as even the most common medical problems may require modifications to routine dental care. This presentation will simplify this task by reviewing common medical disorders and explaining and providing protocols for safe and appropriate dental care for patients with complex medical conditions.

Learning objectives:

- understand the role of dentists in overall health and well-being of their patients;
- how to interpret information suggesting underlying medical problems;
- modify dental treatment based on patients' medical conditions.

Evidence Based Dentistry – What is it and How Does it Inform Clinical Practice Evidence based dentistry consists of three overlapping areas – clinical experience, patients' needs and preferences, and evidence obtained from the biomedical literature. This approach to clinical practice is based on utilizing available scientific information to influence judgement, values and decisions. In this presentation participants will be provided with the necessary tools used to ask, assess, appraise and apply information gleaned from the literature with an overarching purpose to provide the most appropriate and safe care for their patients.

Learning objectives:

- understand how to appraise outcomes from different study designs;
- interpret and incorporate available scientific information into clinical practice;
- understand the bases for clinical practice guidelines

APRIL 10, 2019

9:00AM - 12:00PM | 3 CEUS

KATHY EKLUND, RDH

"OSHA & INFECTION CONTROL 2019"

REQUIRED YEARLY FOR ALL DENTAL PROFESSIONALS

**\$75 for all members and staff
\$150 for all non-members and staff**

**Register by April 1st to
avoid a \$30 late fee**

MAY 22, 2019

9:00AM - 12:00PM | 3 CEUS

RAYMOND MILLER, DDS

"FORENSIC ODONTOLOGY"

Forensic Odontology has been used historically in victim identification and bitemark evidence. Emerging dental technology is changing methods in victim identification and solving cases that reached a dead-end in the past. Bitemark analysis has come under increased scrutiny in the courtroom and have challenged the admissibility and reliability of this evidence. The controversies will be presented and participants will be able to make an educated opinion regarding the value of this evidence. The history and science of forensic dentistry will be explored as well as to what the future may hold. Dentistry will always have a role but like many aspects of our profession it is an ever changing discipline.

SAVE THE DATE

- SEPTEMBER 18, 2019
- NOVEMBER 13, 2019
- FEBRUARY 12, 2020

REGISTER TODAY!
WWW.RIDENTAL.ORG/EDUCATE/CE



Issue Brief

Preventive Dental Care During Pregnancy, 2012-2015, Rhode Island PRAMS

Herman Chenwi, MPH candidate, School of Public Health, Brown University

Definition and Significance

Access to dental care during pregnancy is influenced by situational barriers.(1) According to studies utilizing data from the Centers for Disease Control's (CDC) Pregnancy Risk Assessment Monitoring System (PRAMS), many women do not receive dental care during pregnancy.(2) Preventive dental services are important during pregnancy due to a woman's increased risk of both periodontal disease and tooth decay. Bacterial plaque causes gingival inflammation which is exacerbated by increased plasma sex steroid hormone levels in pregnant women.(3,4) Host-related factors influence the onset, clinical presentation, and rate of disease progression.(5) An acidic oral environment from vomiting and/or gastric reflux and more frequent snacking increase a woman's risk of cavities. The Perinatal and Infant Oral Health Quality Improvement (PIOHQI) initiative aims to reduce the prevalence of oral disease in pregnant women and infants through improved access to high-quality oral health care.(6)

This report uses 2012 – 2015 Rhode Island PRAMS data to explore potential target areas for the improvement of preventive dental care use during pregnancy. Women who had their teeth cleaned by a dentist or dental hygienist during their most recent pregnancy were defined as having preventive dental care.

PIOHQI Target

By 2019, increase the percentage of pregnant women who have received oral healthcare to 60%.

Rhode Island PRAMS

The goal of the Rhode Island PRAMS survey is to improve the health of mothers and infants by providing accurate data to a wide audience. The Rhode Island PRAMS program is conducted through a collaboration between the Rhode Island Department of Health (RIDOH) and CDC and surveys about 1,900 recent mothers per year. Responses are weighted to be representative of women who delivered a live infant in Rhode Island from 2012-2015. More information is available on the PRAMS website.(10, 11) During 2012-2015, Rhode Island PRAMS asked several questions about dental care and barriers to dental care during pregnancy, and a total of 4,687 mothers responded to the survey.

Demographic characteristics, 2012 - 2015

Demographic characteristics were significantly associated with receipt of preventive dental care during pregnancy. As shown in Figure 1, lower prevalence of preventive dental care was reported among women who:

- ▶ had less than 12 years of education;
- ▶ received WIC during pregnancy (49.8%);
- ▶ were other, non-Hispanic (44.5%), Hispanic (58.4%), or Black, non-Hispanic (41.7%);
- ▶ had household incomes less than \$52,001 annually; and/or
- ▶ were younger than 30.

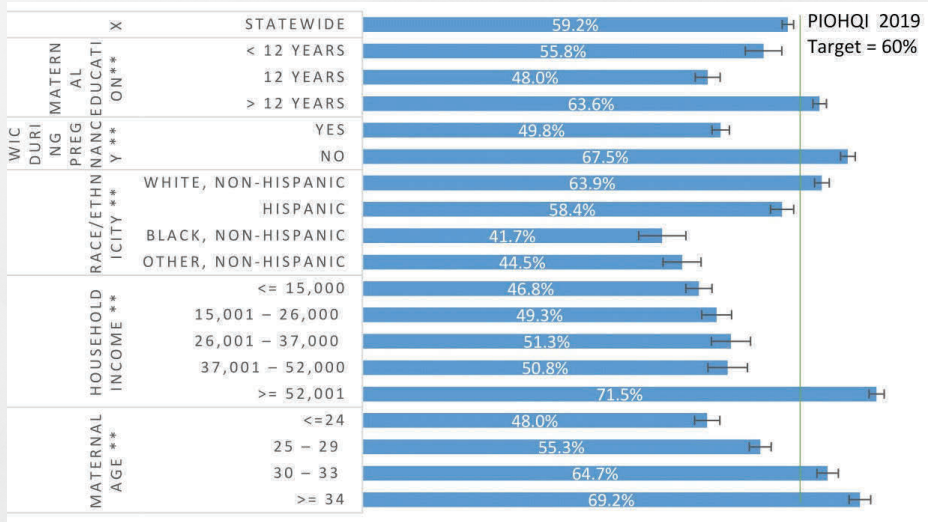
Recommendations for Obstetricians

- Provide an oral health risk assessment for all pregnant women.
- Review potential pregnancy-related oral problems related to teeth and inflamed periodontal tissue and recommend prevention strategies.
- Advise women that oral healthcare improves a woman's general health through her lifespan and may also reduce the transmission of oral bacteria that can cause cavities from mothers to their infants.
- Provide a referral to a dental provider for a comprehensive examination, preventive care, and assistance in the establishment of a dental home for mother and infant.(7)

Recommendations for the Dental Team

- Perform routine dental prophylaxis and care as required for oral health. Review the safety and importance of care and contact the obstetrician if there are questions or concerns.
- Provide anticipatory guidance regarding increased risk of gingivitis, tooth mobility, and periodontal swelling during pregnancy and the importance of effective removal of plaque bacteria.
- Review strategies to prevent harm to teeth from acidity of mouth due to vomiting or gastric reflux, including rinsing prior to brushing. Discuss importance of rinsing and brushing after sugary snacks.
- Reinforce need for Age 1 dental visit for baby, and facilitate obtaining dental home.(8,9)

Figure 1: Percent of Women Who Received Preventive Dental Care during Pregnancy by Demographic Characteristics in Rhode Island, 2012 – 2015



****p-value < 0.01: Statistical analysis calculated using chi squared test to detect the difference between the groups using STATA SE 14. Survey procedures account for complex survey design and adjusted response rates**

Receipt of Preventive Dental Care During Pregnancy Among Rhode Island Women, 2012-2015

Figure 2 shows that situational variables were strongly associated with the receipt of preventive dental care during pregnancy in 2012-2015.

- 82.7% of women who talked with a dental or other healthcare worker about how to care for teeth and gums received preventive dental care during pregnancy, while only 30.3% of women who did not talk to a healthcare provider received preventive dental care.
- 63.8% of women who knew the importance of dental care during pregnancy received preventive dental care, compared to 23.4% of women who did not know the importance of dental care received preventive dental care.
- 66.4% of women who had dental insurance to cover dental care received preventive dental care during pregnancy, while 21.3% of women who did not have dental insurance received preventive dental care.

Figure 2: Receipt of Preventive Dental Care During Pregnancy, By Situational Factors, Rhode Island, 2012–2015

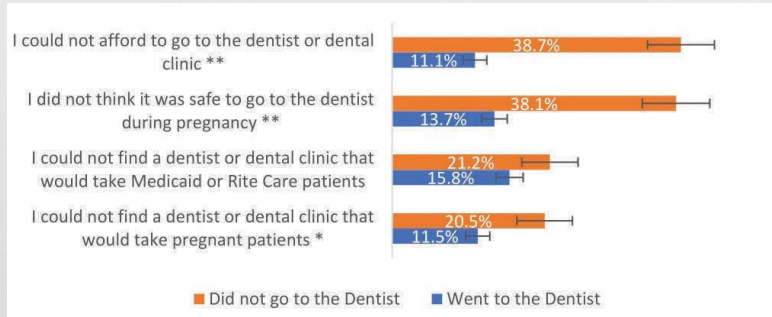


Barriers to Dental Care Receipt Among Those Who Had a Dental Problem During Pregnancy, Rhode Island, 2012-2015

Overall, 16.1% (731 women) of new mothers needed to see a dentist for an oral health-related problem during the pregnancy. Of those, 75.9% (557 women) reported they went to a dentist or dental clinic about the problem, and 24.1% (172 women) did not go to a dentist or dental clinic. Women who did not go to a dentist were more likely to report that:

- ▶ They could not afford to go to the dentist or dental clinic (38.7% vs. 11.1%).
- ▶ They didn't think it was safe to go to the dentist during pregnancy (38.1% vs. 13.7%).
- ▶ They could not find a dentist or dental clinic that would take pregnant patients (20.5% vs. 11.5%).

Figure 3: Distribution of Reported Barriers to Dental Care Receipt, Among Those Who Had a Dental Problem during Pregnancy, Rhode Island, 2012-2015



****p-value < 0.01, *p-value < 0.05: Statistical analysis calculated using chi squared test to detect the difference between the groups using STATA SE 14. Survey procedures account for complex survey design and adjusted response rates**

Discussion and Conclusion

- In 2012 – 2015, 59.2% of women received preventive dental care during pregnancy (95% CI: 57.6 - 60.7%).
- The only groups that are currently above the PIOHQI target were women older than 30, whose household incomes were more than \$52,001, were White, did not participate in the WIC program, and had more than 12 years of education.
- Ongoing educational activities for WIC staff and availability of teaching aids are intended to increase rates of preventive care for those participating in the WIC program.
- Providing dental insurance for pregnant women, counseling about oral health during prenatal provider office visits, and raising awareness of the importance of care for teeth and gums increases utilization of critical preventive dental services.

Limitations of the Study

The study could benefit from the availability of the ZIP codes of respondents in order to identify the communities that are most at risk.

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Rhode Island Mission of Mercy

Saturday September 29th and Sunday September 30th marked our 6th RIMOM event at our new venue, the Providence Community Health Centers,



on Prairie Avenue in Providence. Over the course of the two days, over 425 patients had over 2000 procedures performed with a total donated dollar value of in excess of \$376,000.00. Much gratitude and many thanks to all of the volunteers that made this all possible, from set up on Friday afternoon to clean up on Sunday evening and all the hours in between.

Procedures ranged from basic restorative, to complicated oral surgery. Volunteer dental technicians worked until the early hours of the morning on Sunday to fabricate 47 prosthetic appliances to replace missing anterior teeth. In many cases the results were life changing, how something as seemingly simple as two front teeth

can return a person's self-esteem and allow them to walk into a job interview with confidence. Many of the stories that the patients told were eye openers as well, and taught us once again how truly complicated life can be and to not judge a book by its cover.

One of our goals is to keep patients from seeking treatment in the local hospital emergency departments. Hopefully the definitive treatment rendered to so many will help to make this goal a reality since so many of those visits result only in a temporary fix, and leave the patient with the same issue of locating the dental services that they need.

We have already begun the planning for next year's event, and changes

are being discussed on how to make our 7th RIMOM an even better event. We saw the return of many volunteers from our first 5 events, and also welcomed many new faces, in all departments. If your schedule allows you to volunteer next year please consider joining us. As one prosthetic patient left the clinic with a new smile one volunteer stated it well when he said "This is why we do what we do".

Jeff Dodge

"Over 425 patients had over 2000 procedures performed..."



A MESSAGE FROM ADA MEMBERSHIP AND CLIENT SERVICES

By Autumn Wolfer, Manager, Dental Society Outreach, American Dental Association

Practice Management Resources From the ADA

It's hard to believe that 2018 is winding down to a close. Yet, here we are. And while we all hunker down for the busyness of the last quarter of the year, it's never too soon to start planning ahead for 2019. What are your goals for the new year? How will you continue to move your practice forward? The ADA can help!

Here are the Top 10 Ways the ADA Can Help You Practice Your Way in 2019

1. Match your passion for dentistry with a mind for business. This six course online certificate program combines knowledge from dental practice management experts with lectures from the University of Notre Dame's Mendoza College of Business. Find out more at ADA.org/executiveprogram.
2. Get better at managing third-party payers using resources from ADA.org/dentalbenefits! Your membership provides you with access to guidance on contract negotiations, financial forecasts, coding, and tools to assess whether specific plans are worth consideration.
3. We keep track of the latest regulatory updates so you don't have to. Visit ADA.org/regulatory to find guidance, forms, and a deadline calendar to help ensure you're compliant.
4. Fill your chair with new patients! Update your profile with your photo, insurance information, office hours, and practice categories at ADA.org/findadentist and help patients find you easier.
5. Find national average fees broken down for general practitioners and each of the six specialties at ADA.org/dentalfees
6. Get on the road to practice success with the ADA's Guidelines for Practice Success™ (GPS™). At ADA.org/GPS we'll provide you with resources to achieve your practices goals, covering everything from A (associate dentists position overviews) to Z (zip code use in marketing).
7. ADA's Dental Records publication at ADA.org/dentalrecord provides invaluable information regarding records management and additional resources and references to help you effectively manage your patient's dental records.
8. Protect your practice and your family through ADA's broad portfolio of group insurance products that combine quality with member value. Learn more at Insurance.ADA.org.
9. Managing temporary staff? Find helpful forms, tips and guidance to successfully incorporate a short-term team member at ADA.org/temphelp.
10. Educate patients efficiently with resources from ADAcatalog.org. Our brochures, models, videos and apps are updated regularly with input from ADA member dentists

And there's plenty more where that came from, all available to you on ADA.org. Of course, if you have any questions about any of the resources listed above, please do not hesitate to reach out to me directly at wolfer@ada.org. I'm happy to help with your success!

Something to Smile About

Do you shop Amazon? If you make one small change to how you order, Amazon will donate 0.5 percent of your total purchase price to the Rhode Island Dental Foundation. The best part is - it won't cost you a thing!

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"Rhode Island Dental Foundation" or the EIN number 05-0517366 to have donations earmarked to support foundation programs.

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Our philanthropic arm; the Rhode Island Dental Foundation, is gearing up to accept grant proposals. Grant requests for will be considered for various oral health related causes. They include education and research programs designed to improve the art and science of dentistry in the State of Rhode Island, dental public service projects in Rhode Island, programs geared towards improving accessibility and availability of dental care for underserved citizens within our state, oral health education for the public, Rhode Island based charitable or educational projects related to oral health, and Rhode Island based free dental clinics.

Grant request forms will soon be made available via the RIDA website. A notice will be sent to all members when the form has been posted.



Pain Management Regulations Updated to Ensure Safer Opioid Prescribing

Rhode Island's updated *Rules and Regulations for Pain Management, Opioid Use and the Registration of Distributors of Controlled Substances in Rhode Island* [216-RICR-20-20-4]. <https://bit.ly/2xsPQzx> now require healthcare providers who are writing opioid prescriptions:

1. to have a conversation with their patients on the risks of taking an opioid prescription;
2. to indicate the diagnosis code(s) on the prescription; and
3. to co-prescribe naloxone to patients at higher risk for overdose.

The regulations apply to anyone who can prescribe a controlled substance including physicians, dentists, physician assistants, and advanced practice registered nurses (APRNs).

RIDOH also reminds healthcare providers that effective, non-opioid pain management treatments are available with much less risk to patients, and that these treatments should be considered before opioids. These alternatives include non-prescription ibuprofen (Advil, Motrin) and/or acetaminophen (Tylenol), physical therapy, chiropractic care, acupuncture, massage, exercise, and cognitive behavioral therapy, among other modalities.

An important concept of the updated regulations is that **before prescribing an opioid**, prescribers must document in the medical record that a conversation occurred with the patient (or guardian) about the risks of the opioid medication. **This is required for second and third prescriptions as well.** Patient education can be communicated orally or in writing depending on patient preference. This conversation is an opportunity to thoughtfully considered risks.

The following are resources for dentists to fulfill these updated regulations:

- Review these **Frequently Asked Questions (FAQs)** for answers to common inquiries about the March 2017 and July 2018 updated pain management regulations. <https://bit.ly/2xDGzUF>
- Practice these recommended **Conversation Starters for Use When Prescribing Opioids** to better navigate critical conversations with patients about the serious risks taking opioids, safe storage and disposal methods, and co-prescribing naloxone. <https://bit.ly/2PV0B4B>
- Use this suggested **naloxone script** when co-prescribing naloxone for patients who are at a higher risk of opioid overdose. <https://bit.ly/2PRxnn2>
- Share RIDOH's new patient education video, **Knowing the Risks of Opioid Prescription Pain Medications**, with patients and caregivers during office visits. Use this video as a starting point for conversations to discuss the serious side-effects and risks related to taking opioid medications. <https://bit.ly/2MSsZT3>
- Print and share RIDOH's educational flyer, **Knowing the Risks of Opioid Prescription Pain Medications**. English: <https://bit.ly/2QKcOdv> and Spanish: <https://bit.ly/2ppofL2>

Safe Storage and Disposal of Prescription Pain Medications

Protect the people you love from the misuse of prescription pain medications. Follow these three steps:



- 1. Monitor the number of pills**
in prescription bottles; keep track of refills.



- 2. Secure all medications**
in a safe place like a locked cabinet.



- 3. Dispose of expired/unused medicines**
by participating in a local drug take back day, or find a safe disposal location in Rhode Island.
preventoverdoseri.org/get-rid-of-medicines

PreventOverdoseRI.org



If you or someone you love is struggling with the disease of addiction, call Rhode Island's 24/7 Hope & Recovery Support Line (401) 942-STOP.

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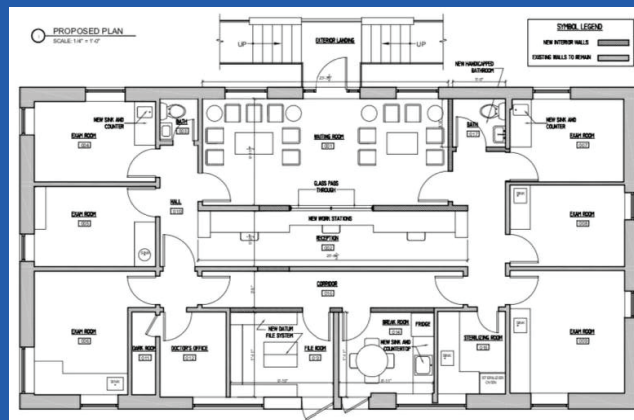
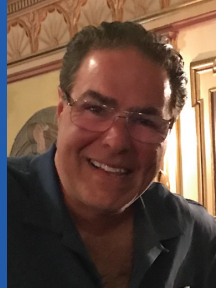
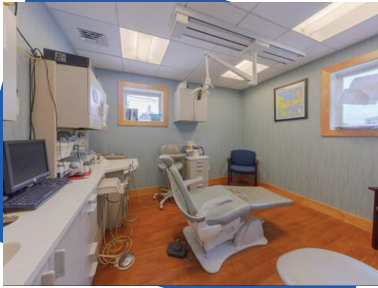
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A HIDDEN ADA MEMBERSHIP BENEFIT: THE NEXT-GENERATION CLINICAL INFORMATION RESOURCE: DYNAMED PLUS

By Judith Fisch, DDS - ADA First District Trustee
fischj@ada.org

Dynamed Plus is a dynamic evidence-based clinical reference tool created by physicians for healthcare providers to use at the "point of care". It contains clinically-organized summaries for more than 3,200 topics and guess what? The subscription is FREE to ADA members, a hidden gem as part of your membership benefits. You can find this on the ADA website home page under Member Center, then ADA Library & Archives. Most members are not aware of this benefit and many pay a yearly fee to subscribe to a similar online program such as Lexicomp. When you log onto Dynamed Plus for the first time, you can create an account. Your ADA membership is recognized as part of your registration and as a result, you will not be accessed a fee to use this tool! Here is some basic information about DynaMed Plus.

Users can search DynaMed Plus for a wide variety of information on specific diseases. DynaMed Plus will return any Topic Overviews, Conditions, Drugs, Labs, Images, and Calculators that are relevant to the searched disease. If users do not know what Disease to search for, one can search by Signs & Symptoms. For example: "shortness of breath" returns DynaMed Plus Topic Overviews (Dyspnea), Conditions (COPD), Drugs, Images, and Calculators to help diagnose the possible cause of the presented Sign or Symptom.

DynaMed Plus organizes its content into Topic Pages containing clinically relevant information in a standardized layout for ease of access & information retrieval. Topic pages are organized into the following 6 categories:
Overview: This topic page can contain an overview on a single topic (i.e. fluoride) or it can contain a list of topic pages for a broad topic area (i.e. Pediatrics).

Drug: Drugs can be searched by name or condition specific medication can be found in the "Medication" sub-section under the Treatment sub-heading on the Condition page. Drug information on dosage, therapeutic use, cautions, comparative efficacy, approved and off-label indications, pharmacokinetics, clinical applications, and interactions of medications is provided.

Calculator: All searches return any relevant calculators results, with their name and a basic version of the calculated formula, at the top of the Results page. With so many different calculators available in this program, you can bookmark the ones used most often.

Image: All searches return any relevant Image results as thumbnails at the top of the page. DynaMed Plus has partnered with ACP to provide over 4,700 medical graphics and images. When searching DynaMed Plus, any images that are relevant to the search term are returned at the top of the page.

Lab: Contains information on the lab's indications, sample collection, test methodology, and normal/abnormal reference ranges & results.

Condition: contains information on conditions, syndromes, and diseases.

Patient Education/Information can be found on Overview and Condition pages under the sub-heading "Patient Information". This section contains links and handouts, in English and Spanish, containing information on the condition, managing the condition, and medication/medical devices.

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HEALTH BY NUMBERS

NICOLE E. ALEXANDER-SCOTT, MD, MPH
DIRECTOR, RHODE ISLAND DEPARTMENT OF HEALTH
EDITED BY SAMARA VINER-BROWN, MS

Oral Health Concerns and Connections to Mental Health among Rhode Island High School Students, 2017

ANTHONY PELLEGRINO, BS; TRAVIS VENDETTI, BS; TRACY L. JACKSON, PhD; SAMUEL ZWETCHKENBAUM, DDS, MPH

BACKGROUND

In the United States, mental illness and behavioral issues are among the largest sources of health care costs and significantly compromise youth and family well-being. In 2015 mental health and substance use disorders were the leading cause of disease burden, surpassing cancer and cardiovascular disease.¹ The overall age-adjusted suicide rate in the U.S. was 24% higher in 2014 than in 1999.² The U.S. also faces challenges pertaining to young people's oral health. In 2015–16, more than half (53.5%) of 12–19-year-olds had experienced tooth decay, and 13.4% had untreated decay.³

Both mental and oral health issues also are common in Rhode Island; among Rhode Islanders ages 10–24, suicide was the second leading cause of death in 2016.⁴ Dental disease is also prevalent among RI teens, especially those from low-income backgrounds. Almost 30% of teens with Medicaid-covered dental visits in 2017 required a filling to address a dental issue.⁵

We present data for RI public high school (PHS) students on self-reported oral health concerns and describe potential connections to self-reported mental health status.

METHODOLOGY

The Youth Risk Behavior Survey (YRBS) is a biennial national survey of PHS students, developed by the Centers for Disease Control and Prevention (CDC) to monitor self-reported health behaviors and risk. A two-stage, cluster sample design obtains estimates representative of the state population.⁶ Schools are selected with probability proportional to enrollment size and then classes within are randomly selected. A weight is applied to each respondent to adjust for student nonresponse and to obtain a distribution of students by grade, sex, and race/ethnicity that approximates the state PHS population. In total 2,221 students from 19 PHSs completed the YRBS, representative of 41,114 students statewide.

We focus on the following oral and mental health items:

“During the past 12 months....

- “How often were you self-conscious or embarrassed because of your teeth or mouth?

(Never, rarely, sometimes, most of the time, always)”

- “Did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?”
- “Did you ever seriously consider attempting suicide?”
- “Did you make a plan about how you would attempt suicide?”
- “How many times did you actually attempt suicide?”

We present univariate descriptive statistics for oral and mental health items of interest. Chi-square tests were used to examine differences in feeling embarrassed by teeth (sometimes/most of the time/always vs. rarely/never) across demographic groups. Responses to the item: “In the last 30 days, how often did you go hungry because there was not enough food in your home”, was used as a proxy for socio-economic status (SES), with those answering sometimes/ most of the time/always categorized as lower-SES and those responding rarely/never as higher-SES. Next, chi-square tests were conducted to evaluate the association between oral and mental health. For this analysis, we constructed a three-level variable for oral health (never/rarely, sometimes, or most of the time/always embarrassed by teeth). Logistic regressions were estimated to test the effect of oral health on mental health, controlling for sex, grade, SES, and race/ethnicity.

RESULTS

Overall, 21.1% of PHS students reported feeling self-conscious or embarrassed because of their teeth or mouth at least sometimes in the past 12 months. Specifically, 14.3% reported sometimes feeling self-conscious or embarrassed, 3.5% most of the time, and 3.1% always felt self-conscious or embarrassed. Female and lower-SES students were more likely than male and higher-SES students, respectively, to report being embarrassed by their teeth (Table 1).

Analysis of mental health items revealed 29.4% of students felt sad or hopeless, 15.9% seriously considered attempting suicide, 13.6% made a plan about how they would attempt suicide, and 10.5% attempted suicide in the last year. Due to the strong association of gender and SES regarding feelings about oral health, we also explored the association between these items and mental health (Figures 1, 2). Chi-square tests showed that females are significantly more likely than males to report negative perceptions of both

Table 1. Self-reported embarrassment by teeth/mouth among RI public high school students, by selected demographics

	Sometimes/Most of the time/Always embarrassed by teeth (N=8,337)		Rarely/Never embarrassed by teeth (N=31,177)		Total RI high school population (N=41,114)
	Weighted n	Weighted %	Weighted n	Weighted %	
SEX*					
Female	5,150	26.9%	14,003	73.1%	19,699
Male	3,017	15.1%	16,979	84.9%	20,953
RACE/ETHNICITY					
White	4,772	19.8%	19,380	80.2%	24,678
Black	699	22.4%	2,417	77.6%	3,384
Hispanic	2,016	22.7%	6,871	77.3%	9,327
Other	681	26.6%	1,884	73.4%	2,753
SCHOOL GRADE					
9th	2,418	23.1%	8,070	76.9%	11,155
10th	2,063	20.2%	8,153	79.8%	10,570
11th	1,793	19.1%	7,612	80.9%	9,628
12th	1,955	21.7%	7,055	78.3%	9,302
WENT HUNGRY (SES) **					
Sometimes/Most of the time/Always (Low SES)	2,367	38.4%	3,796	61.6%	6,259
Rarely/Never (High SES)	5,850	17.8%	27,033	82.2%	33,412

* Responses to item: "During the past 30 days, how often did you go hungry because there was not enough food in your home" was used as proxy for SES.

** $p < .05$, significant difference between groups

Note: numbers may not add up to column header due to missing data on some demographics.

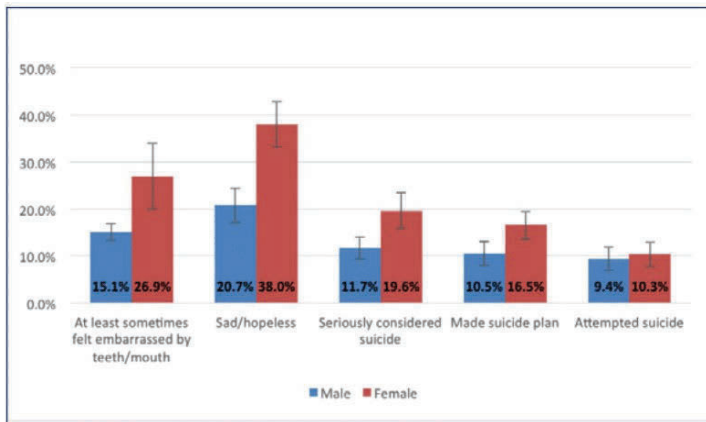
Source: Youth Risk Behavior Survey, 2017

their oral and mental health (except attempting suicide). Those of lower SES were significantly more likely than those of high SES to report all poor oral health and mental health outcomes.

The cross-sectional analysis re-vealed that a negative sense of one's teeth is significantly associated with feeling sad or hopeless and having sui-cidal thoughts or actions among RI PHS students. The proportion of students who felt sad or hopeless was more than twice as high among students who reported most of the time/always feel-ing embarrassed because of their teeth versus those who never/rarely felt embarrassed (60.1% vs. 24.8%, Figure 3). Those who reported embarrassment from their teeth were also more likely than those who did not report embarrassment to have had suicidal thoughts and made suicide attempts in the past year.

Results of multivariable logistic re-gression analyses indicated students who reported at least sometimes feel-ing embarrassment from their teeth had twice the odds of reporting all poor mental health outcomes compared to those who did not report embarrassment, after controlling for sex, race/ ethnicity, SES, and grade (Table 2).

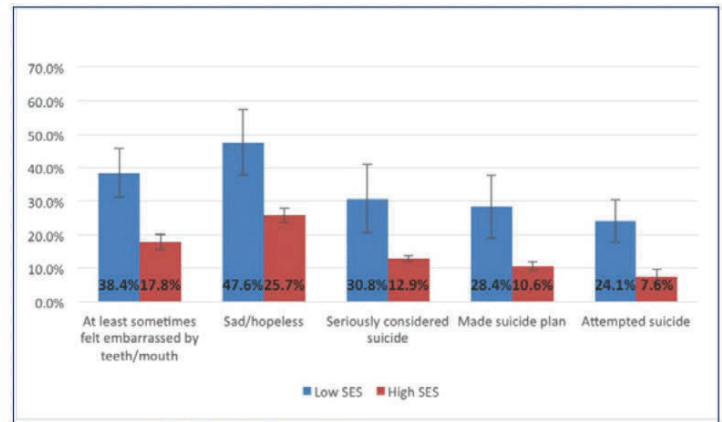
Figure 1. Perceptions of oral health and mental health status, by sex



Data source: Youth Risk Behavior Survey, 2017.

Note: Error bars denote 95% confidence intervals. All differences except attempted suicide were statistically significant, $p < .05$

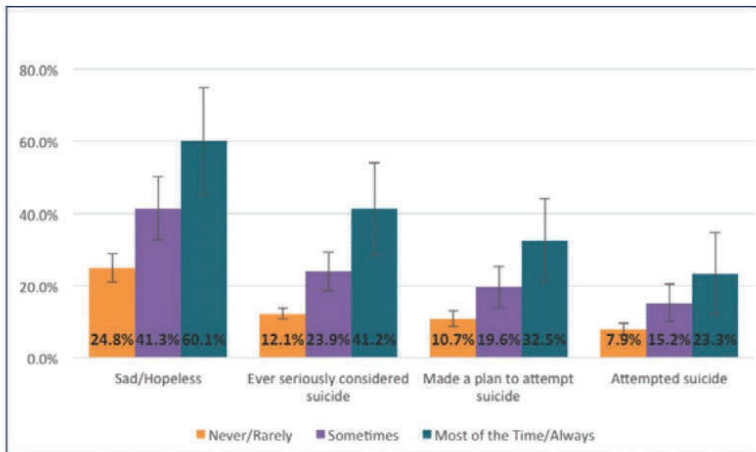
Figure 2. Perceptions of oral health and mental health status, by SES



Data source: Youth Risk Behavior Survey, 2017.

Note: Error bars denote 95% confidence intervals. All differences were statistically significant, $p < .05$

Figure 3. Mental health among RI PHS students, by oral health confidence



Data source: Youth Risk Behavior Survey, 2017. All differences were statistically significant, $p < .05$

Table 2. Adjusted logistic regression – association between embarrassment from teeth and mental health outcomes

Oral Health	Mental Health Outcome	Adjusted Odds Ratio* (95% CL)
Feeling embarrassed by teeth/mouth	Feeling sad/hopeless	2.09 (1.41–3.09)
	Considered suicide	2.31 (1.83–2.92)
	Made suicide plan	1.93 (1.46–2.54)
	Attempted suicide	1.98 (1.47–2.66)

Note: Displays the odds of reporting poor mental health outcome among those who reported at least sometimes feeling embarrassment from their teeth/mouth compared to those who did not report embarrassment from teeth/mouth adjusting for gender, grade, SES, and race/ethnicity.

DISCUSSION

Approximately one in five RI students reported they felt self-conscious or embarrassed about their teeth/mouth “sometimes” or more frequently in the past year. Being self-conscious of one’s teeth/mouth was significantly associated with feelings of sadness/hopelessness and reported suicidal thoughts and attempts. The data observed among RI PHS students aligns with findings from prior studies. For example, a 2014 cross-sectional study of adults found greater anxiety and depression among those with lower levels of satisfaction with their orofacial appearance.⁷ While results show an association between oral and mental health concerns, the cross-sectional data preclude us from ascertaining causation. It is possible poor mental health affects perceptions of oral health, or that the two are associated due to unmeasured confounders such as family income level.

YRBS data are self-reported and may be susceptible to under- or overreporting. The oral health item used in this analysis measured individual’s feelings about their teeth and was not an objective measure of overall oral health. Prior

analysis shows individuals’ perceptions of the acceptability of their dental appearance may not be in accordance with the actual degree of malocclusion or tooth position deviation.⁸ We could not measure the severity of dental problems among students in our sample but did find a positive association between embarrassment from one’s teeth and self-reported oral pain/soreness. Additionally, the reported levels of oral health self-consciousness or embarrassment may be inflated due to many HS students receiving orthodontic treatment. In the U.S., among all children 0–20 years old, 15.1% had a dental visit associated with orthodontics in 2013 with significant variation associated with race/ethnicity, poverty status, and insurance coverage.⁹ Additional analysis of our data found a positive association between being embarrassed by one’s teeth and having visited a dentist in the last year.

Despite potential caveats and confounders, the data points to a need for interprofessional collaboration. Oral health providers should consider the mental health of their patients as a factor in their care, as the association between poor mental and oral health has been documented.¹⁰ Mental health clinicians should verify that teens have a dental home, where preventive care is more likely to happen and referrals to specialty care can occur. Training oral health providers in basic mental health awareness, especially among vulnerable youth, may help them recognize mental distress in their patients. Using evidence-based training programs to teach individuals to recognize those suffering mental distress and refer them to help has shown effectiveness in the general population¹¹ and should be effective for oral health providers as well. We recommend further research into connections between oral and mental health and the mechanisms that drive these connections to develop the most effective interventions designed to improve one or both health indicators.

Acknowledgements

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Disclosures

The authors have no financial disclosures to report.

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VOLUNTEERS NEEDED!

The Merit Badge College (MBC) is an annual event, held at Rhode Island College on the first Saturday in January. The next MBC is January 5, 2019. We run about 50-60 different workshops through the day and will host as many as 1000 scouts. One of these workshops is Dentistry.

The workshop syllabus would be designed around the requirements the the scout must meet to earn the badge. This is left up to the councilor. Newcomer dentists have the benefit of the experience from previous years' volunteers, Drs. Bartro and Barone.

We will run two Dentistry workshops. One each in the morning and afternoon. Each one for 3.5 hours. 8:30 to 12 and then 1:00 to 4:30. Each workshop would have 20 scouts in attendance.

There is no cost to the volunteer. We will ask that they watch a 30 minute video on child safety, and fill out a registration form. Lunch will be provided to all volunteers.

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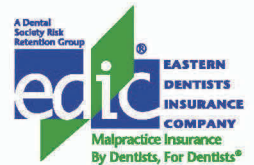
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The Rhode Island Dental Assistant List is a collaborative effort of the Rhode Island Department of Health (RIDOH) and the Rhode Island Dental Assistants Association (RIDAA) and aims to improve our ability to communicate with dental assistants, a valued component of our oral health workforce. Dental assistants can voluntarily share their contact information and will begin receiving newsletters and other important RIDOH alerts that are already distributed to dentists and dental hygienists. Dental assistants can also receive notification of educational opportunities through RIDAA and affiliated educational institutions. Individuals may opt out of the Registry at any time.

Dental assistants who are interested in joining the Registry can do so online at <https://tinyurl.com/DARILIST>.

Please share this notice with dental assistants in your office and/or post on staff notification boards.

NEW MEMBERS

Please welcome the following dentists as new members of the RIDA

Benjamin Roberts, DMD

University of New England, 2018
Employed: 35 Veterans Memorial Dr., Warwick, RI

Ray English III, DMD

Boston University, 2014
Graduate School: Tufts University School of Dental Medicine, 2018
Employed: 222 Jefferson Blvd., Warwick, RI

Kimberly Bentjen, DDS

Loma Linda University School of Dentistry, 2009
Graduate School: Mayo Graduate School of Medicine, 2015
Employed: 1370 S County Trl., East Greenwich, RI

Andrianna Edwards, DDS

New York University, 2018

Joey Napolitano, DMD

Boston University School of Dental Medicine, 2018
Employed: 1 River St., Wakefield, RI 02871

Hannah Yoo, DMD

Harvard School of Dental Medicine, 2018
Graduate School: Providence VA Medical Center, 2019

Gian Calandrelli, DMD

Tufts School of Dental Medicine, 2018
Employed: 250 Wampanoag Trl., Ste. 103, Riverside, RI

Yves Gattereau, DDS

Meharry Medical College, 2011
Graduate School: Lutheran Medical College, 2012
Employed: 2343 Diamond Hill Rd., Cumberland, RI

Wonsuk Joo, DMD

Boston University School of Dental Medicine, 2016
Employed: 18 Dowling Village Blvd., North Smithfield, RI

Tara Prasad, DMD

University of New England, 2018
Employed: 18 Dowling Village Blvd., North Smithfield, RI

Carol Caudill, DDS

West Virginia University School of Dentistry, 2012
Graduate School: NYU Langone Dental Medicine, 2019

Gyve Hamidi, DMD

Tufts University School of Dental Medicine, 2018
Graduate School: Providence VA Medical Center, 2019

Nisarg Patel, DMD

University of Louisville School of Dentistry, 2018
Graduate School: Providence VA Medical Center, 2019

RETIRED MEMBERS

Be sure to thank these members for their commitment to dentistry as they enter retirement

Lakshman Prasad, DDS
35 years of membership

Harris Harnick, DDS
45 years of membership

Leland Blough, DMD
39 years of membership

IN MEMORIAM
Joseph P. Sowa, DMD
Raymond George, DDS

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or grandchildren ages infant - 12*

PLEASE RSVP NO LATER THAN DECEMBER 1ST BY CALLING
(401) 825-7700 OR E-MAILING CKLIMECKO@RIDENTAL.ORG

* BRING A DONATION! *

We will be collecting donations for Children's Friend in Providence. Below is a "wish list" of most needed items. All donations of goods go directly to parents and children who need them, including foster parents. Please check out the wish list and bring something to the Holiday Party or drop it off at the RIDA Executive Office if you can't make it to the party. Thank you!

- Child-size carry-on luggage
- New Cribs (due to the strict regulations applied to these items, only new can be accepted)
- Changing tables
- Diapers
- Gift certificates for food
- New undergarments
- New infant or toddler car seats and carriers (due to the strict regulations applied to these items, only new can be accepted)
- Learning toys
- Towels
- Sheets
- Blankets
- Pillows
- Curtains
- Children's shoes
- New baby bottles
- Clothing for children of all ages in good condition
- Baby blankets and receiving blankets
- Infant / toddler equipment in good working condition including high chairs, play yards, strollers, swings, bassinets, saucers, bouncy seats, etc.
- Toys for infants and toddlers
- Safety proofing equipment such as outlet covers, cabinet locks, etc.

RIDA CALENDAR

NOVEMBER

- **November 7**
"Medical Emergencies"
Daniel Pompa, DDS
9:00am-4:00pm
Quidnessett Country Club
- **November 12**
Veterans Day
RIDA Office Closed
- **November 20**
RIDA House of Delegates Meeting
RIDA Executive Office 6:30pm
- **November 22 and 23**
Thanksgiving
RIDA Office Closed

DECEMBER

- **December 8**
Children's Holiday Party 10:00am
Cornerstone of Faith UMC, Coventry
- **December 11**
RIDA Board of Trustees Meeting
RIDA Executive Office 6:30pm
- **December 25**
Christmas
RIDA Office Closed

JANUARY

- **January 1**
New Years Day
RIDA Office Closed
- **January 20**
Health Fair - Warwick Mall
12:00pm-3:00pm
- **January 21**
Martin Luther King Jr. Day
RIDA Office Closed
- **January 31 - February 2**
Yankee Dental Congress
Boston Convention Center

FEBRUARY

- **February 12**
RIDA Board of Trustees Meeting
RIDA Executive Office 6:30pm
- **February 13**
Continuing Education
Michael Glick, DMD
9:00am-4:00pm
Quidnessett Country Club

MARCH

- **March 12**
RIDA Board of Trustees Meeting
RIDA Executive Office 6:30pm
- **March 29-31**
New England Dental Leadership Conference (NEDLC)
Lincoln, NH

APRIL

- **April 9**
RIDA Board of Trustees Meeting
RIDA Executive Office 6:30pm
- **April 10**
OSHA & Infection Control 2019
Kathy Eklund, RDH
9:00am-12:00pm
Quidnessett Country Club

** All dates are subject to change. Please check the website for any updates.

CLASSIFIEDS

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1136 Hartford Ave. Johnston, RI 02919
(401) 521-3661
DentalartsgroupRI.com



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875 Centerville Rd.

Bldg. 4, Suite 12

Warwick, RI 02886

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JANUARY 31 - FEBRUARY 2, 2019 | BOSTON CONVENTION & EXHIBITION CENTER

*As a member of one of the First District state dental societies, you have the opportunity to attend exclusive receptions, take a **FREE** Headshot, and more!*

THURSDAY

January 31

A Taste of New England

4:00 pm

Mix and mingle with your fellow First District dentists. Sample a variety of food in each lounge that has been chosen to represent each of the New England states.



FRIDAY

February 1

Pizza in the Pavilion

4:00 pm

Network with First District members when you stop by your state lounge to enjoy some pizza and a beer (or non-alcoholic beverage)



Dr Nikki Hernandez
(312) 234-5678
240 E Chicago Ave Ste 550
Chicago, IL 60611-2816
D.D. member



Dr Steve Johnson
(773) 567-8901
202 E Chicago Ave
Chicago, IL 60611-2345
D.D. member

TIME TO TAKE A HEADSHOT

The **new** Find-a-Dentist tool is the focus of the ADA's 3-year, \$18 million advertising campaign to help members get more patients. In just five minutes, you can add a photo, contact information, office hours, and what types of payment and dental benefits you accept. Profiles with photos and the most complete information show up near the top of the search results, increasing the chance of new patients clicking on your profile.



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on the Exhibit Hall floor

300+ Continuing Education Courses

400+ Exhibitors
ready to talk shop

Don't forget to use your state code when registering: YDC19RI